ORIGINAL

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

1301501

OMB APPROVAL							
OMB Number: 3235-0076							
Expires: May 31, 2005							
Estimated average burden							
hours per response 1							
SEC USE ONLY							
Prefix	Serial						

DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series A Preferred Financing, the Common Stock underlying it and, separately, 41,463 other shares	s of Common Stock
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: New Filing Amendment	Section 4(6) UNOE
A. BASIC IDENTIFICATION DATA	RECEIVED (C)
 Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Achaogen, Inc. 	AUG 2 4 2004
Address of Executive Offices (Number and Street, City, State, Zip Code) c/o Versant Ventures, 3000 Sand Hill Road, Bldg. 4, Suite 210, Menlo Park, CA 94025	Telephone Number (Including Area Code) (650) 233-7877
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Biotechnology research & development	PROCESSE
Type of Business Organization Corporation Iimited partnership, already formed Iimited partnership, to be formed other	AUG 2 6 2004 (please specify):
Actual or Estimated Date of Incorporation or Organization: Month Year	Actual Estimated ate: DE

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASI	C IDENTIFICATION DATA		
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized with Each beneficial owner having the power to vote or dispose, or dir Each executive officer and director of corporate issuers and of corporate issuers and of corporate issuers. 	ect the vote or disposition of, 106		
Check Box(es) that Apply: Promoter Beneficial Ow	vner 🛛 Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Judice, J. Kevin			
Business or Residence Address (Number and Street, City, State, Zip Coo	de)		
c/o Versant Ventures, 3000 Sand Hill Road, Bldg. 4, Suite 210, Menl	lo Park, CA 940 2 5		
Check Box(es) that Apply: Promoter Beneficial Ow	vner	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Minick, Scott			
Business or Residence Address (Number and Street, City, State, Zip Coo	•		
c/o Versant Ventures, 3000 Sand Hill Road, Bldg. 4, Suite 210, Menl	lo Park, CA 94025		
Check Box(es) that Apply: Promoter Beneficial Ow	vner	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Nussbacher, Ken			
Business or Residence Address (Number and Street, City, State, Zip Coo	de)		
c/o Versant Ventures, 3000 Sand Hill Road, Bldg. 4, Suite 210, Menl			
Check Box(es) that Apply: Promoter Beneficial Ow		Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Samuels, Camille D.			
Business or Residence Address (Number and Street, City, State, Zip Coo	de)	3131.	
c/o Versant Ventures, 3000 Sand Hill Road, Bldg. 4, Suite 210, Menl			
Check Box(es) that Apply: Promoter Beneficial Ow	<u> </u>	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Roberts, Bryan			
Business or Residence Address (Number and Street, City, State, Zip Coo	de)	- Janes -	
c/o Versant Ventures, 3000 Sand Hill Road, Bldg. 4, Suite 210, Menl	•		
Check Box(es) that Apply: Promoter Beneficial Ow	vner	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Rocklage, Scott			
Business or Residence Address (Number and Street, City, State, Zip Coo	de)	· · · · · · · · · · · · · · · · · · ·	
c/o Versant Ventures, 3000 Sand Hill Road, Bldg. 4, Suite 210, Menl	•		
	se additional copies of this shee	et, as necessary)	

		A	. BASIC ID	ENTI	FICATION DATA	. :			
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 									
Check Box(es) that Apply:	Promoter	\boxtimes	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
ARCH Venture Fund VI, L	P.								
Business or Residence Addre	ess (Number and Stree	t, City	, State, Zip Code)						
8725 West Higgins Road, S	uite 290, Chicago, IL	. 6063	1						
Check Box(es) that Apply:	Promoter	_ ⊠ 	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Versant Venture Capital II									
Business or Residence Addre	•								
c/o Versant Ventures, 3000	Sand Hill Road, Bld	g. 1-#2	260, Menlo Park, C	A 940	· · · · · · · · · · · · · · · · · · ·				
Check Box(es) that Apply:	Promoter	⊠	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Venrock Associates IV, L.P	., and affiliated find	<u>s</u>							
Business or Residence Addre			- ·						
2494 Sand Hill Road, Suite	200, Menlo Park, Ca	4 9402	25						
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)			٠.					
5AM Ventures LLC, and at	ffiliated finds								·
Business or Residence Address 3000 Sand Hill Road, Bldg.	`								
Check Box(es) that Apply:	Promoter	\boxtimes	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)						, -,,,-		<u> </u>
David, Nathaniel Business or Residence Addre	and Chunch on and Chunch	A City	State 7: Code						
c/o Versant Ventures, 3000	•	•		ark C	CA 94025				
Check Box(es) that Apply:	Promoter	g. 4, 3	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)				- (ana				Managing 1 ardici
Business or Residence Addre	ess (Number and Stree	et, City	, State, Zip Code)						
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)				÷				
Business or Residence Addre	ess (Number and Stree	et, City	, State, Zip Code)						
 	(Lice blant	sheet	or conv and use add	litions	al copies of this sheet	ge n	ecessary)		·-
	(OSC DIAII)	, ۱۱۰۰۰۰	, or copy and use aut		cobres or mis succi	, us 110			

				В.	INFOR	MATION .	ABOUT OF	FERING				.
1 Use the	a issuar sold	or does the i	nouar intend	ro call to no	n accredited	investors in t	this offering?	,			Yes	No ⊠
1. Has the	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									ш		
2. What i	What is the minimum investment that will be accepted from any individual?								\$	N/A		
Does tl	he offering n	ermit joint ov	vnershin of a	single unit?							Yes ⊠	No □
												land.
remune	eration for so	licitation of p broker or dea	urchasers in	connection v	vith sales of s	ecurities in tl	ne offering. I	f a person to l	oe listed is ar	associated		
than fiv	ve (5) persons	s to be listed										
Full Name (I		st, if individu	ıal)									
NONE												
Business or I	Residence A	ddress (Numb	per and Stree	t, City, State	, Zip Code)							
Name of Ass	sociated Brok	ker or Dealer										
										· · · · · · · · · · · · · · · · · · ·	•	
		isted Has Sol										11 Carrer
,	All States" or	check indivi	auais States)		****************						∐ A	ll States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (1	Last name fir	st, if individu	ıal)									
Business or I	Pagidanas A	ddraga Olympi	han and Stuan	t City State	Zin Codo)							
Business or i	Residence A	udress (Numi	ber and Stree	t, City, State	, Zip Code)							
Name of Ass	sociated Brok	er or Dealer										
States in Wh	ich Person I.	isted Has Sol	licited or Inte	ends to Solic	it Purchasers							
		check indivi									Па	II States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
		[,	,		,		£		,	[]	[· · · ·]	[<u>-</u>
Full Name (I	Last name fir	st, if individu	ual)									
Business or I	Residence A	ddress (Numl	ber and Stree	t, City, State	, Zip Code)							
						<u> </u>						
Name of Ass	sociated Brok	er or Dealer										
States in Wh	ich Person L	isted Has Sol	licited or Inte	ends to Solic	it Purchasers	<u> </u>						
(Check "A	All States" or	check indivi	duals States)					***************************************			□ A	Il States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
			(Use l	olank sheet,	or copy and u	ise additiona	l copies of th	is sheet, as n	ecessary)			

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	Amo	unt Already Sold
	Debt	\$0.00	\$	0.00
	Equity	\$ 15,704,142.50*	\$ <u>15</u>	5,704,142,50
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$0.00	\$	0.00
	Partnership Interests	\$0.00_	\$	0.00
	Other (Specify)	\$0.00	\$	0.00
	Total		\$ 15	5,704,142.50
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors	Doll	ggregate ar Amount Purchase
	Accredited investors	13	\$ <u>15</u> .	704,142.50
	Non-accredited Investors	0	\$	0.00
	Total (for filings under Rule 504 only)	N/A	\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Type of	Doll	ar Amount
	Type of Offering	Security		Sold
	Rule 505		\$	N/A
	Regulation A	N/A	\$	N/A
	Rule 504	N/A	\$	N/A
	Total	N/A	\$	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		\$	0.00
	Printing and Engraving Costs		\$	0.00
	Legal Fees	\boxtimes	\$	50,000.00
	Accounting Fees		\$	0.00
	Engineering Fees		\$	0.00
	Sales Commissions (specify finders' fees separately)		\$	0.00
	Other Expenses (identify)		\$	0.00
	• • • • • • • • • • • • • • • • • • • •	-	-	
	Total	\boxtimes	\$	50,000.00

C. OFFERING P	RICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF	PROCEEDS		
total expenses furnished in response to Part C	offering price given in response to Part C - Question 1 and - Question 4.a. This difference is the "adjusted gross	i		\$ <u>15,654</u>	1,142.50
the purposes shown. If the amount for any purp	s proceeds to the issuer used or proposed to be used for each lose is not known, furnish an estimate and check the box to the listed must equal the adjusted gross proceeds to the issuer te.	the			
•		Officer	yments to s, Directors & Affiliates	Payme Oth	
Salaries and fees		S_	0.00	S	0.00
Purchase of real estate		S	0.00	 \$	0.00
Purchase, rental or leasing and installation of r	nachinery and equipment	□ \$ _	0.00	S	0.00
Construction or leasing of plant buildings and	facilities	S	0.00	□ \$	0.00
	value of securities involved in this offering that may be another issuer pursuant to a merger)	S _	0.00	S	0.00
Repayment of indebtedness		S_	0.00	S	0.00
Working capital		S_	0.00	⊠ \$ <u>15,65</u>	54,142.50
Other (specify):		□ \$	0.00	□ s	0.00
Column Totals		S	0.00	□ s	0.00
Total Payments Listed (column totals add	ded)		⊠ \$ <u>15,65</u> 4	4,142.50	
	D. FEDERAL SIGNATURE				
	ne undersigned duly authorized person. If this notice is filed un and Exchange Commission, upon written request of its staff, e 502.				
Issuer (Print or Type)	Signature	ate	#		
Achaogen, Inc.		ugust 4	0', 2004		
Name of Signer (Print or Type) J. Kevin Judice	Title of Signer (Print or Type) President				•
3. Kevin Judice	Tresident				***
	1				
	ATTENTION				
Intentional Misstatements or (Omissions of Fact Constitute Federal Criminal Violatic	ons. (See	18. U.S.C. 1001	1.)	